

PARTICIPANT ENROLLMENT/CHANGE FORM

**Tulalip Tribes of Washington
Employees' Retirement Plan**

Employee Name
(Please Print)

Social Security Number

____/____/____
Date Of Birth

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NEW ENROLLMENT

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CHANGE

EFFECTIVE DATE: _____, 20____

DATE MUST BE THE FIRST DAY OF THE MONTH.

CONTRIBUTION ELECTION (per check)

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1. I wish to make a contribution of _____% of my pay under the provisions of the plan and authorize regular payroll deductions.

CONTRIBUTIONS MUST BE A MINIMUM OF 1%, IN INCREMENTS OF WHOLE PERCENTAGES UP TO A MAXIMUM OF 25%.

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2. I do not wish to participate in the salary deferral portion of the plan at this time.

INVESTMENT ELECTION (New Enrollments Only)

Existing participants must use the Automated Account Service System to make any investment changes. [Call 1-800-370-9601](tel:1-800-370-9601). Have your Social Security Number and PIN (Personal Identification Number) ready... or online access: www.invesmart.com

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3. I hereby request that all contributions be invested as follows:

INVESTMENTS MAY BE CHANGED AT ANY TIME THROUGHOUT THE PLAN YEAR USING THE AUTONATED ACCOUNT SERVICE SYSTEM.

Fund Name	Percentage
Cash Management Trust of America	
American Funds Bond Fund of America A	
American Funds Washington Mutual A	
American Funds Growth Fund A	
American Funds EuroPacific A	
American Funds Income Fund A	
Total should equal	100%

I understand this election is valid until changed by me, including any changes made through the Automated Account Service System. By enrolling in this plan I acknowledge that elections made through the Automated Account Service System have the same validity as written elections.

SIGNATURE

Employee's Signature

Date

**Please contact your employer for further information regarding your investment choices.
Upon completion, please return this form to your employer.**

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